

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/01/2007
NAME OF PROVIDER OR SUPPLIER DOROTHEA DIX HOSP			STREET ADDRESS, CITY, STATE, ZIP CODE 820 S BOYLAN AVE RALEIGH, NC 27603		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 394	<p>482.23(b)(2) LICENSURE OF NURSING STAFF</p> <p>The nursing service must have a procedure in place to ensure that hospital nursing personnel for whom current licensure is required have a valid and current licensure.</p> <p>This STANDARD is not met as evidenced by: Based on hospital procedure review, personnel file reviews and staff interview the hospital's nursing service failed to ensure 2 of 6 sampled nursing staff had a valid nursing license (#6, #3).</p> <p>The findings include:</p> <p>Review of a letter dated 02/19/07 addressed to "Hospital Management" from "Human Resources Advisory Committee" revealed, "RE: Verification of Licensure, Certification or Registration...when the Hospital or law requires current licensure, certification, or registration, the hospital verifies these credentials with the primary source at the time of hire and upon expiration of the credentials. To ensure that this standard is implemented, we have put the following procedure in place. Please ensure, when applicable, that documentation of primary source verification is included in each of your staff's file. 1. The Human Resource Department will verify initial licensures...with the primary source for all staff members except physicians...2. The Supervisor/Manager will verify licensure...at the time of expiration with the primary source for all applicable staff members...These documented verifications should be included in each staff member's file."</p>	A 394			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/01/2007
NAME OF PROVIDER OR SUPPLIER DOROTHEA DIX HOSP			STREET ADDRESS, CITY, STATE, ZIP CODE 820 S BOYLAN AVE RALEIGH, NC 27603		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 394	Continued From page 1 1. Personnel file review of Staff #6 revealed the staff member was a permanent staff nurse at the hospital. File review revealed a job description that included, "...Requirements:...License to practice as a registered nurse in (Name of State)...." File review revealed no documentation of current verification of nursing licensure. Administrative nurse interview on 11/01/07 at 1130 revealed a copy of licensure verification should be in each nurse's personnel file. Interview confirmed there was no documentation in Staff #6's personnel file of verification of nursing licensure. 2. Review of a facility copy of the job description for position "Licensed Practical Nurse" (no revision date) revealed "III. Knowledges, Skills and Abilities and Training and Experience Requirements: ...C. License or Certification Required by Statute or Regulation: License to practice as a Licensed Practical Nurse in North Carolina..." Personnel file review for Staff #3 on 10-30-2007 at 1230 revealed the staff member was a non-employee Licensed Practical Nurse at the hospital. File review revealed no documentation of current verification of nursing licensure. Administrative nurse interview on 11/01/07 at 1130 revealed a copy of licensure verification should be in each nurse's personnel file. Interview confirmed there was no documentation in Staff #3's personnel file of verification of nursing licensure.	A 394			
A 395	482.23(b)(3) RN SUPERVISION OF NURSING CARE	A 395			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/01/2007
NAME OF PROVIDER OR SUPPLIER DOROTHEA DIX HOSP			STREET ADDRESS, CITY, STATE, ZIP CODE 820 S BOYLAN AVE RALEIGH, NC 27603		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 395	<p>Continued From page 2</p> <p>A registered nurse must supervise and evaluate the nursing care for each patient.</p> <p>This STANDARD is not met as evidenced by: Based on hospital policy review, medical record review and staff interview the hospital's nursing staff failed to: 1) assess a patient prior to transfer to another facility, as required by facility policy, for 1 of 1 transferred patients sampled (#3), 2) ensure a patient at risk for falls wore non-skid foot wear per policy for 1 of 3 sampled patients at risk for falls (#3) and 3) constantly monitor a patient for 1 of 2 sampled patients ordered to be on constant observation (#5).</p> <p>The findings include:</p> <p>1. Review of facility policy "Transfers: Non-emergency" effective 11-01-2002 on 10-31-2007 revealed "Transfers Between State Facilities...B. Medical Record Requirements - Transfers out of (Hospital A)...7. At the time of transfer, the RN (Registered Nurse) from the transferring program shall document in the progress note when, how, with whom, and in what condition the patient was transferred."</p> <p>Review of a closed medical record on 10-31-2007 for patient #3 revealed a 94 year-old female admitted to the facility 8-07-2007 for non-compliance with medications and paranoia with delusions. Review of a physician progress note on 8-09-2007 at 0315 revealed "Called to see pt (patient) b/c (because) pt slipped in bathroom per nursing, pt went to use bathroom in</p>	A 395			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/01/2007
NAME OF PROVIDER OR SUPPLIER DOROTHEA DIX HOSP			STREET ADDRESS, CITY, STATE, ZIP CODE 820 S BOYLAN AVE RALEIGH, NC 27603		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 395	<p>Continued From page 3</p> <p>middle of night - in sock s (without) grips..."</p> <p>Record revealed no documentation of nursing assessment following the patient fall on 8-09-2007.</p> <p>Interview with facility transport staff on 10-31-2007 at 1300 revealed the staff member transported patient #3 from facility A to facility B on 8-09-2007. Interview revealed they left facility A at 0700 to travel to facility B.</p> <p>Closed record review for Patient #3 revealed no nursing documentation of when, how, with whom, and in what condition the patient was transferred.</p> <p>Interview with licensed practical nursing (LPN) staff on 11-01-2007 at 0910 revealed the LPN assessed the patient after being notified she had fallen and observed the patient again at approximately 0600 on 8-09-2007 to give her medications. Interview revealed the LPN went to document the fall event in the patient's medical record at approximately 0730 on 8-09-2007 and the record had already been transferred with the patient. Interview revealed the LPN had not documented the fall event in the record. Further interview revealed the LPN did not document any assessment of patient #3's condition prior to being transferred to facility B. Further interview revealed the LPN had no knowledge if a Registered Nurse (RN) had assessed the patient prior to transfer to facility B.</p> <p>Interview with a RN for the geriatric psych unit on 11-01-2007 at 0840 revealed the staff member was the charge nurse when patient #3 was transferred to facility B on 8-09-2007. Interview revealed the charge RN would perform any necessary nursing tasks which could not be</p>	A 395			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/01/2007
NAME OF PROVIDER OR SUPPLIER DOROTHEA DIX HOSP			STREET ADDRESS, CITY, STATE, ZIP CODE 820 S BOYLAN AVE RALEIGH, NC 27603		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 395	<p>Continued From page 4</p> <p>performed by the LPN on duty for patient #3 on 8-09-2007 from midnight through 0800. Interview confirmed there was no documentation by an RN as to when, how, with whom, and in what condition patient #3 was transferred on 8-09-2007. Further interview confirmed there was no assessment performed by the staff member prior to the patient leaving the facility on 8-09-2007. Interview confirmed nursing did not follow the facility policy regarding patient assessment prior to a non-emergency transfer.</p> <p>2. Review of facility policy "Falls Prevention Protocol" reviewed 10-2006 on 11-01-2007 revealed "Purpose - To outline the nursing management required to prevent falls and prevent or minimize patient injury caused by falls". Further review revealed "Care...Moderate Risk: ...Ensure patient is wearing non-skid footwear...High Risk...All interventions for Moderate Risk"</p> <p>Review of a closed medical record for patient #3 on 10-31-2007 revealed a 94 year-old female admitted to the facility 8-07-2007 for non-compliance with medications and paranoia with delusions. Review of nursing admission documentation on the "RN Nursing Assessment" completed 8-07-2007 revealed "Other pertinent information: Patient is deaf...Nursing Summary...ambulatory (with) slow gait...wears glasses...Nursing Plan of Care...(checkmark) Risk of Injury from Falls". Review of a physician progress note on 8-09-2007 at 0315 revealed "Called to see pt (patient) b/c (because) pt slipped in bathroom per nursing, pt went to use bathroom in middle of night - in sock s (without) grips..."</p> <p>Interview with licensed practical nursing (LPN)</p>	A 395			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/01/2007
NAME OF PROVIDER OR SUPPLIER DOROTHEA DIX HOSP			STREET ADDRESS, CITY, STATE, ZIP CODE 820 S BOYLAN AVE RALEIGH, NC 27603		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 395	<p>Continued From page 5</p> <p>staff on 11-01-2007 at 0910 revealed Patient #3 was a high risk for falls. Interview revealed the LPN assessed the patient after being notified patient #3 had fallen. Interview revealed during the assessment the patient was noted to be wearing regular socks and not the non-skid slippers which are supplied by the facility. Interview revealed the patient slipped on a puddle of urine on the floor. Interview revealed there were two health care techs assigned to the floor to observe the patients. Interview did not reveal whether the patient was assisted to the bathroom or whether she went unobserved. Interview revealed with the tile floor, the puddle of urine, the regular socks, the patient's slow gait, and the possibility she was unassisted could have all contributed to the patient's fall. Interview revealed there is no documentation as to whether any staff assessed the patient to have the non-skid slippers on as required by facility policy.</p> <p>3. Review of current hospital policy #S-3-g entitled, "Levels of Observation" dated 09/01/07 revealed, "Constant Observation: The staff member assigned to the patient is to be in constant visual range of the patient and document every 15 minutes on the observation flow sheet...."</p> <p>Closed medical record review of Patient #5 revealed the patient was admitted on 08/08/07 with dementia and was discharged on 10/12/07. Review of a physician's order dated 08/15/07 at 1410 revealed, "Begin constant observation due to episodic behavioral aggression." Review of a physician's order dated 08/16/07 at 1440 revealed, "Continue constant observation due to episodic behavioral agitation." Review of</p>	A 395			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/01/2007
NAME OF PROVIDER OR SUPPLIER DOROTHEA DIX HOSP			STREET ADDRESS, CITY, STATE, ZIP CODE 820 S BOYLAN AVE RALEIGH, NC 27603		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 395	Continued From page 6 "Precaution/Observation Flow Sheet" dated 08/15/07 revealed no documentation of observation from 2315 to 2400 (45 minutes). Review of "Precaution/Observation Flow Sheet" dated 08/16/07 revealed no documentation of observation from 1615 to 1800 (105 minutes). Administrative nurse interview on 11/01/07 at 1140 revealed all patients with orders for constant observation should be visually observed by a staff member at all times. Interview revealed the staff member should document observation of the patient on the Precaution/Observation Flow Sheet every 15 minutes. Interview confirmed there was no documented evidence of constant observation of Patient #5 on 08/15/07 from 2315-2400 and 08/16/07 from 1615-1800.	A 395			
A 398	482.23(b)(6) SUPERVISION OF CONTRACT STAFF Non-employee licensed nurses who are working in the hospital must adhere to the policies and procedures of the hospital. The director of nursing service must provide for the adequate supervision and evaluation of the clinical activities of non-employee nursing personnel which occur within the responsibility of the nursing services. This STANDARD is not met as evidenced by: Based on review of hospital policy, personnel files and staff interview the facility's nursing service failed to ensure annual evaluation of non-employee nursing staff for 3 of 3 licensed,	A 398			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/01/2007
NAME OF PROVIDER OR SUPPLIER DOROTHEA DIX HOSP			STREET ADDRESS, CITY, STATE, ZIP CODE 820 S BOYLAN AVE RALEIGH, NC 27603		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 398	<p>Continued From page 7</p> <p>non-employee personnel files sampled (#2, #3, #5).</p> <p>Findings include:</p> <p>Review of facility policy "Competency Assessment" effective 3-01-2007 on 10-31-2007 revealed "Competency assessment...For long-term contract persons...begins at the time the agreement to provide services is initiated and at least annually thereafter..." Further review revealed "Initial competency assessment: 1. Establishing department specific, job-specific job descriptions for each position...Ongoing Assessment: ...5. Annually demonstrating competence in...job-specific knowledges/tasks/responsibilities."</p> <p>Review of contract between the facility and the agency effective 7-01-2007 revealed "Responsibilities of the Division (hospital)...E. Division staffing supervisors will assist Contractor, on a continuing basis, with evaluation of contractor employee by providing performance information."</p> <p>1. Review of personnel file for staff #2 on 10-30-2007 at 1200 revealed a contract Registered Nurse (RN) who began contract patient-care services at the facility in October 2004. Review revealed no job description on file. Further review revealed no evaluation of employee service since the date service began.</p> <p>Review of a staffing schedule on 10-30-2007 revealed staff #2 was scheduled for patient care 10-30-2007.</p> <p>Interview with facility administrative staff on</p>	A 398			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/01/2007
NAME OF PROVIDER OR SUPPLIER DOROTHEA DIX HOSP			STREET ADDRESS, CITY, STATE, ZIP CODE 820 S BOYLAN AVE RALEIGH, NC 27603		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 398	<p>Continued From page 8</p> <p>10-30-2007 at 1530 revealed the staff was responsible for coordinating contract staff between the hospital and the contracting agency. Interview revealed staff #2 had been on contract with the facility for nursing services since October 2004. Interview revealed the facility had never supplied a job description to contract nurses. Interview revealed the staff member had not communicated any information between the hospital or contracting agency regarding performance information regarding staff #2. Interview further confirmed there was no record of a performance evaluation on file for staff #2.</p> <p>2. Review of personnel file for staff #3 on 10-30-2007 at 1230 revealed a contract Licensed Practical Nurse (LPN) who began contract patient-care services at the facility in March 2006. Review revealed no job description on file. Further review revealed no evaluation of employee service since the date service began.</p> <p>Review of a staffing schedule on 10-30-2007 revealed staff #3 was scheduled for patient care 10-30-2007.</p> <p>Interview with facility administrative staff on 10-30-2007 at 1530 revealed the staff was responsible for coordinating contract staff between the hospital and the contracting agency. Interview revealed staff #3 had been on contract with the facility for nursing services since March 2006. Interview revealed the facility had never supplied a job description to contract nurses. Interview revealed the staff member had not communicated any information between the hospital or contracting agency regarding performance information regarding staff #3. Interview further confirmed there was no record of</p>	A 398			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/01/2007
NAME OF PROVIDER OR SUPPLIER DOROTHEA DIX HOSP			STREET ADDRESS, CITY, STATE, ZIP CODE 820 S BOYLAN AVE RALEIGH, NC 27603		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 398	Continued From page 9 a performance evaluation on file for staff #3. 3. Review of personnel file for Staff #5 on 10-30-2007 at 1200 revealed a contract Registered Nurse (RN) who began contract patient-care services at the facility in June 2006. Review revealed no job description on file. Further review revealed no evaluation of employee service since the date service began. Review of a staffing schedule on 10-30-2007 revealed Staff #5 was scheduled for patient care 10-30-2007. Interview with facility administrative staff on 10-30-2007 at 1530 revealed the staff was responsible for coordinating contract staff between the hospital and the contracting agency. Interview revealed Staff #5 had been on contract with the facility for nursing services since June 2006. Interview revealed the facility had never supplied a job description to contract nurses. Interview revealed the staff member had not communicated any information between the hospital or contracting agency regarding performance information regarding Staff #5. Interview further confirmed there was no record of a performance evaluation on file for Staff #5..	A 398			
A 438	482.24(b) FORM AND RETENTION OF RECORDS The hospital must maintain a medical record for each inpatient and outpatient. Medical records must be accurately written, promptly completed, properly filed and retained, and accessible. The hospital must use a system of author identification and record maintenance that	A 438			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/01/2007
NAME OF PROVIDER OR SUPPLIER DOROTHEA DIX HOSP			STREET ADDRESS, CITY, STATE, ZIP CODE 820 S BOYLAN AVE RALEIGH, NC 27603		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 438	<p>Continued From page 10</p> <p>ensures the integrity of the authentication and protects the security of all record entries.</p> <p>This STANDARD is not met as evidenced by: Based on policy and procedure review, review of closed medical records and staff interview, the facility failed to retain medical records for a patient treated at the facility in a readily accessible form for 1 of 1 transferred patients sampled (#3).</p> <p>Findings include:</p> <p>Review of facility policy "Medical Records" effective 7-01-2004 on 10-31-2007 revealed "Standard - A written medical record shall be initiated and maintained for every individual assessed and/or treated. The medical records shall be documented and maintained in a manner to promote effective continuity of patient care during and following hospitalization." Further policy review revealed "Content of Medical Records - The medical record shall include the following information...Any referrals and communications made to external...care providers...Completed assessment of the patient, including intake screening...nursing... Individualized treatment plan, diagnostic and therapeutic orders...A record of all medications administered...progress notes...Information relating to unusual events or occurrences such as treatment complications, accidents or injuries...evidence of known advanced directives, reports of laboratory, radiology, or other diagnostic procedures..."</p>	A 438			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/01/2007
NAME OF PROVIDER OR SUPPLIER DOROTHEA DIX HOSP			STREET ADDRESS, CITY, STATE, ZIP CODE 820 S BOYLAN AVE RALEIGH, NC 27603		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 438	<p>Continued From page 11</p> <p>Review of facility policy "Transfers: Non-emergency" effective 11-01-2002 on 10-31-2007 revealed "B. Medical Record Requirements - Transfers out of (Hospital A)...2. ...All medical record volumes excluding Med/Surg records shall be transported with the patient at the time of transfer..."</p> <p>Closed record review for Patient #3 on 10-30-2007 revealed a medical record that, in its entirety, contained: a demographic face sheet, a physician Discharge Summary dictated 8-08-2007, a psychiatrist History and Physical dictated 8-08-2007, a document dated 8-08-2007 "Aftercare Discharge Orders", a document dated 8-08-2007 "Discharge Medications", a medical physician History and Physical dictated 8-07-2007, and a release of information consent dated 8-08-2007.</p> <p>Interview with medical records staff on 10-30-2007 at 1500 revealed the record for Patient #3 maintained at facility A was a partial record with the entire original record having been sent upon transfer of the patient to facility B. Further interview revealed this has been the practice for as long as the staff member could recall.</p> <p>Interview with administrative staff on 10-30-2007 at 1515 revealed the medical record for Patient #3 was not immediately available at the facility since the entire original record was sent to the hospital where the patient was transferred for further care on 8-09-2007. Further interview revealed no copy of the entire medical record was made prior to transfer. Interview revealed the record maintained on site for Patient #3 did not</p>	A 438			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/01/2007
NAME OF PROVIDER OR SUPPLIER DOROTHEA DIX HOSP			STREET ADDRESS, CITY, STATE, ZIP CODE 820 S BOYLAN AVE RALEIGH, NC 27603		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 438	Continued From page 12 represent a complete medical record. Interview revealed this has been a policy for a number of years and the complete psychiatric medical record is transported between "sister facilities" when patients are transferred. Interview revealed the record would have to be returned by courier, mail, or by facsimile transmission. Interview revealed the complete medical record would not be readily retrievable or accessible 24 hours a day seven days a week.	A 438			
A 467	482.24(c)(2)(vi) CONTENT OF RECORD - OTHER INFORMATION All records must document all practitioner's orders, nursing notes, reports of treatment, medication records, radiology and laboratory reports, and vital signs and other information necessary to monitor the patient's condition. This STANDARD is not met as evidenced by: Based on policy and procedure review, review of closed medical records and staff interview, facility nursing staff failed to document a patient assessment after a patient incident or prior to patient transfer to another facility in the medical record for 1 of 1 transferred patients sampled (#3). Findings include: Review of facility policy "Medical Records" effective 7-01-2004 on 10-31-2007 revealed "Standard - A written medical record shall be initiated and maintained for every individual assessed and/or treated. The medical records shall be documented and maintained in a manner to promote effective continuity of patient care	A 467			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/01/2007
NAME OF PROVIDER OR SUPPLIER DOROTHEA DIX HOSP			STREET ADDRESS, CITY, STATE, ZIP CODE 820 S BOYLAN AVE RALEIGH, NC 27603		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 467	<p>Continued From page 13</p> <p>during and following hospitalization." Further policy review revealed "Content of Medical Records - The medical record shall include the following information...Any referrals and communications made to external...care providers...Completed assessment of the patient, including intake screening,...nursing...progress notes...Information relating to unusual events or occurrences such as treatment complications, accidents or injuries..."</p> <p>Review of facility nursing policy "Documentation of Nursing Care" reviewed 8-2007 on 11-01-2007 revealed "Special Care Circumstances...5. Discharge Planning - At the time of discharge, a registered nurse will document in the progress notes the patient's condition, unresolved problems, interventions, and referrals...7. Incident Reports - Occurrence of a patient incident...must be documented factually in the progress notes of the patient's medical record..."</p> <p>Review of facility policy "Transfers: Non-emergency" effective 11-01-2002 on 10-31-2007 revealed "Transfers Between State Facilities...B. Medical Record Requirements - Transfers out of (Hospital A)...2. ...All medical record volumes excluding Med/Surg records shall be transported with the patient at the time of transfer...7. At the time of transfer, the RN (Registered Nurse) from the transferring program shall document in the progress note when, how, with home, and in what condition the patient was transferred."</p> <p>Closed record review for Patient #3 on 10-30-2007 revealed a medical record that, in its entirety, contained: a demographic face sheet, a physician Discharge Summary dictated</p>	A 467			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/01/2007
NAME OF PROVIDER OR SUPPLIER DOROTHEA DIX HOSP			STREET ADDRESS, CITY, STATE, ZIP CODE 820 S BOYLAN AVE RALEIGH, NC 27603		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 467	<p>Continued From page 14</p> <p>8-08-2007, a psychiatrist History and Physical dictated 8-08-2007, a document dated 8-08-2007 "Aftercare Discharge Orders", a document dated 8-08-2007 "Discharge Medications", a medical physician History and Physical dictated 8-07-2007, and a release of information consent dated 8-08-2007.</p> <p>Interview with medical records staff on 10-30-2007 at 1500 revealed the record for Patient #3 maintained at facility A was a partial record with the entire original record having been sent upon transfer of the patient to facility B. Further interview revealed this has been the practice for as long as the staff member could recall. Interview revealed the patient was transferred to facility B on 8-09-2007.</p> <p>Review of a facsimile copy of a closed medical record (obtained by fax from facility B on 10-31-2007) for patient #3 revealed a 94 year-old female admitted to the facility 8-07-2007 for non-compliance with medications and paranoia with delusions. Review of a physician progress note on 8-09-2007 at 0315 revealed "Called to see pt (patient) b/c (because) pt slipped in bathroom per nursing, pt went to use bathroom in middle of night - in sock s (without) grips..." Record review revealed no nursing documentation of assessment after the patient fall on 8-09-2007. Further record review revealed no nursing documentation of when, how, with home, and in what condition the patient was transferred.</p> <p>Interview with licensed practical nursing (LPN) staff on 11-01-2007 at 0910 revealed the LPN assessed the patient after being notified she had fallen and observed the patient again at approximately 0600 on 8-09-2007 to give her</p>	A 467			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344001		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/01/2007	
NAME OF PROVIDER OR SUPPLIER DOROTHEA DIX HOSP				STREET ADDRESS, CITY, STATE, ZIP CODE 820 S BOYLAN AVE RALEIGH, NC 27603			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
A 467	Continued From page 15 medications. Interview revealed the LPN went to document the fall event in the patient's medical record at approximately 0730 on 8-09-2007 and the record had already been transferred with the patient. Interview revealed the LPN had not documented the event in the record. Further interview revealed the LPN did not document any information pertaining to when, how, with home, and in what condition the patient was transferred. Further interview revealed the LPN had no knowledge if a Registered Nurse (RN) had assessed the patient prior to transfer to facility B. Interview with a RN for the geriatric psych unit on 11-01-2007 at 0840 revealed the staff member was the charge nurse when patient #3 was transferred to facility B on 8-09-2007. Interview revealed the charge RN would perform any necessary nursing tasks which could not be performed by the LPN on duty for patient #3 on 8-09-2007 from midnight through 0800. Interview confirmed there was no documentation by an RN as to when, how, with home, and in what condition patient #3 was transferred on 8-09-2007. Further interview confirmed there was no assessment performed by the staff member prior to the patient leaving the facility on 8-09-2007. Interview confirmed nursing did not follow the facility policy regarding non-emergency transfers.			A 467			
A 503	482.25(b)(2)(ii) CONTROLLED DRUGS KEPT LOCKED Drugs listed in Schedules II, III, IV, and V of the Comprehensive Drug Abuse Prevention and Control Act of 1970 must be kept locked within a secure area.			A 503			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/01/2007
NAME OF PROVIDER OR SUPPLIER DOROTHEA DIX HOSP			STREET ADDRESS, CITY, STATE, ZIP CODE 820 S BOYLAN AVE RALEIGH, NC 27603		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
A 503	<p>Continued From page 16</p> <p>This STANDARD is not met as evidenced by: Based on hospital policy review, observation, staff interview and medical record review the hospital failed to ensure a Schedule IV controlled substance was kept locked in a secure area on 1 of 3 nursing units toured.</p> <p>The findings include:</p> <p>Review of current hospital policy #II-4-1 entitled "Medication Administration" dated 01/2007 revealed, "Security of Medications:...3. Controlled medications are secured under double lock."</p> <p>Observation on 10/31/07 at 1450 of the medication room on 3 East nursing unit revealed the medication room was locked and the registered nurse (RN) had the key. Observation inside the medication room revealed the medication refrigerator was unlocked. Observation revealed the refrigerator contained several different types of medications, including 4 vials of Lorazepam (a Schedule IV controlled substance) 2 milligrams (mg) per milliliter / lot 46-302-EV. Observation revealed the Lorazepam was not secured under double lock.</p> <p>Administrative nurse interview conducted during the tour on 10/31/07 at 1500 revealed the medication refrigerator should be kept locked at all times because it contains medications, including controlled substances. Interview confirmed the Lorazepam was not secured under double lock. Interview revealed, "The nurse just got medicine out of the refrigerator and left the room as you (the surveyor) went in, so she didn't</p>	A 503			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/01/2007
NAME OF PROVIDER OR SUPPLIER DOROTHEA DIX HOSP			STREET ADDRESS, CITY, STATE, ZIP CODE 820 S BOYLAN AVE RALEIGH, NC 27603		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
A 503	Continued From page 17 lock it (the refrigerator)." Interview revealed Patient #8 was the patient that the nurse had just medicated. Open medical record review of Patient #8 revealed the patient received Lorazepam 2mg intramuscularly on 10/31/07 at 1355 (55 minutes before observation of the unlocked refrigerator). Interview on 10/31/07 at 1520 with the nurse assigned to Patient #8 on 10/31/07 from 0800-1600 confirmed the Lorazepam was given to the patient at 1355. Interview revealed the refrigerator was not locked when the nurse went into the medication room to remove the Lorazepam . Interview revealed the nurse did not lock the refrigerator after removing the medication. Interview revealed, "I don't usually give medications, the LPN (Licensed Practical Nurse) does and she left at 2:30 (pm). I don't know if it (the refrigerator) is usually kept locked or not."	A 503			
A 724	482.41(c)(2) FACILITIES, SUPPLIES, EQUIPMENT MAINTENANCE Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality. This STANDARD is not met as evidenced by: Based on hospital policy review, observations and	A 724			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/01/2007
NAME OF PROVIDER OR SUPPLIER DOROTHEA DIX HOSP			STREET ADDRESS, CITY, STATE, ZIP CODE 820 S BOYLAN AVE RALEIGH, NC 27603		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 724	<p>Continued From page 18</p> <p>staff interviews the hospital failed to ensure: 1) medications were stored separately from nourishments on 1 of 3 units toured and 2) medication refrigerators were defrosted and free of ice build up on 2 of 3 units toured.</p> <p>The findings include:</p> <p>1. Review of current "Standards of Pharmacy Service Manual" policy #3.6 entitled "Storage of Individually Labeled Patient Medication on the Nursing Units" dated 05/13/04 revealed, "Any medication requiring refrigeration needs to be stored in a refrigerator, separate from...any food or beverages."</p> <p>Observation on 10/31/07 at 1450 of the medication room on the 3 East nursing unit revealed the refrigerator contained several medications and several containers of juice and milk. Observation revealed the contents of the refrigerator included the following medications: Lorazepam (antianxiety medication), Fluzone (influenza vaccine), Fluphenazine (antipsychotic medication), Tubersol (used to test for tuberculosis), Novolin R Insulin and Miacalcin Nasal Spray (bone resorption inhibitor). Observation revealed the contents of the refrigerator also included the following patient nourishments: half gallon containers of juice (1 prune, 1 cranberry and 1 orange), 1 gallon container of lemonade, 1 gallon container of tea, 1 carton of chocolate milk and 1 can of Ensure. Observation revealed no other refrigerator was in the medication room.</p> <p>Interview with registered nurse on 10/31/07 at 1450 during tour revealed juices were kept in the refrigerator to give to patients during medication</p>	A 724			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/01/2007
NAME OF PROVIDER OR SUPPLIER DOROTHEA DIX HOSP			STREET ADDRESS, CITY, STATE, ZIP CODE 820 S BOYLAN AVE RALEIGH, NC 27603		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 724	<p>Continued From page 19 administration.</p> <p>Administrative nurse interview conducted during the tour on 10/31/07 at 1500 revealed patient nourishments and medications should not be stored in the same refrigerator. Interview confirmed the patient nourishments were stored in the same refrigerator as medications.</p> <p>2. Review of current "Infection Control Manual" policy #II. R-2 entitled "Patient Refrigerators/Freezers: Medication, Nourishment and Specimen" revealed, "...clean refrigerators weekly. 6. Assign quarterly defrosting..."</p> <p>Observation on 10/31/07 at 1450 of the medication room on the 3 East nursing unit revealed the freezer in the medication refrigerator contained 3-4 inches of ice build up.</p> <p>Administrative nurse interview conducted during the tour on 10/31/07 at 1500 confirmed the observation of ice build up in the freezer of the medication refrigerator. Interview revealed a staff member cleans the refrigerator once each week and documents the cleaning on the Refrigerator Temperature Log. Interview revealed this cleaning includes defrosting of the refrigerator. Interview revealed documentation on the Refrigerator Temperature Log evidenced the refrigerator had been defrosted on 10/04/07 (27 days before observation). Interview revealed the amount of ice build up appeared to be more than 27 days worth of accumulation. Interview revealed the refrigerator should be defrosted whenever any ice build up occurs.</p>	A 724			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/01/2007
NAME OF PROVIDER OR SUPPLIER DOROTHEA DIX HOSP			STREET ADDRESS, CITY, STATE, ZIP CODE 820 S BOYLAN AVE RALEIGH, NC 27603		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 724	<p>Continued From page 20</p> <p>Observation on 11/01/07 at 1015 of the medication room on the Geriatric Psych nursing unit revealed the freezer in the medication refrigerator contained 2-3 inches of ice build up.</p> <p>Administrative nurse interview conducted during the tour confirmed the observation of ice build up in the freezer of the medication refrigerator. Interview revealed a staff member cleans the refrigerator once each week and documents the cleaning on the Refrigerator Temperature Log. Interview revealed the refrigerator should be defrosted whenever any ice build up occurs. Interview confirmed staff did not follow facility policy on ensuring there is no ice buildup in the medication storage refrigerators.</p> <p>NC00039492 NC00039512</p>	A 724			